



Attorney's Docket No: 030673

PATENT

*wfile
(refund)*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group No.: 1644

Application No.: 09/382,088

Filed: August 24, 1999

Inventor: Ernest G. Hope

COMPOSITIONS AND METHODS FOR PROTECTING
ORGANS, TISSUE AND CELLS FROM IMMUNE
SYSTEM-MEDIATED DAMAGE

Examiner: Gerald R. Ewoldt

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is:

- ☒ a small entity. A statement that this filing is by a small entity is hereby asserted in accordance with the rule change effective September 8, 2000, 65 Fed. Reg. 54603.
- ☐ Other than a small entity.

2/07/2005 TBESHAH1 00000004 09382088

! FC:2253

510.00 OP

Adjustment date: 01/27/2006 CKHLOK
12/07/2005 TBESHAH1 00000004 09382088
02 FC:2253 -510.00 OP
Repln. Ref: 01/27/2006 CKHLOK 0007504800
DAH:503455 Name/Number:09382088
FC: 9204 \$510.00 CR

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>1-25-06</u>		2 Serial/Patent # <u>09/382,088</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
<input checked="" type="checkbox"/>	Extension of Time	—	12/5/05	\$ 570. ⁰⁰								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND	\$ 570. ⁰⁰								
10 REASON:		8 TO BE REFUNDED BY:										
	Overpayment	<input checked="" type="checkbox"/> Treasury Check										
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">7</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">4</td> <td style="width: 20px;">5</td> <td style="width: 20px;">5</td> </tr> </table>			5	7	0	--	3	4	5	5
5	7	0	--	3	4	5	5					
Ext. of Time (filed outside six (6) month pd. for reply.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Andrea Smith</u>		TITLE: <u>Pats. Exmr.</u>										
SIGNATURE: <u><i>Andrea Smith</i></u>		PHONE: <u>571-272-3226</u>										
OFFICE: <u>Dir. of Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____		DATE: _____										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
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Crystal Park One, Room 802B**